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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CON of 09/794,951 02/26/2001 PAT 6,589,269  
 which claims benefit of 60/184,627 02/24/2000 *L.T.*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none L.T.*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Lin H. Yung L.T.</i> Examiner's Signature Initials	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
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 20995  
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TITLE  
 Device for closing tissue openings

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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